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## CARDIAC ARRHYTHMIAS

## CATHETER ABLATION OF ATRIAL FLUTTER: ACUTE AND LONG-TERM RESULTS

ACC Poster Contributions

Ernest N. Morial Convention Center, Hall F

Sunday, April 03, 2011, 10:00 a.m.-11:15 a.m.

Session Title: Clinical Electrophysiology --Atrial Fibrillation and Flutter

Abstract Category: 26. Clinical Electrophysiology--Supraventricular Arrhythmias

Session-Poster Board Number: 1021-419

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**Background:** Although catheter ablation of atrial flutter is an accepted clinical method, acute and long-term results of greater cohorts considering the underlying heart diseases, clinical status and ablation technique are still missing.

**Methods and Results:** Between March 2007 and December 2009 3983 patients with isthmus-dependent atrial flutter who underwent an ablation procedure were included in the German Ablation Registry: 2993 male (75,1%), 990 female (24,9%), 1267 pts. (31,9%) with CAD, 650 pts. (16,3%) with hypertensive heart disease and 240 pts (6,0%) with cardiomyopathy. 2814 pts. (70,7%) were classified NYHA 0-I, 1169 pts. (29,3%) NYHA II-IV. 483 pts. (13,3%) had an ejection fraction  $\leq 40\%$ .

Catheter ablation was performed with radiofrequency energy in 3875 pts. (97,3%) and with cryoablation in 105 pts. (2,6%). 3-D-mapping was used in 337 pts (8,5%). 3706 pts. (93,0%) underwent for the first time an ablation, 278 pts. (7%) were ablated because of relapse.

Success was achieved in 3868 pts. (97,1%), unsuccessful was the procedure in 115 pts. (2,9%). One patient died of non-cardiac cause, otherwise there were no major complications (death, myocardial infarction or stroke). In 9 pts. a pacemaker implantation was necessary. During follow-up of one year (2021 pts.) 81 pts. (4,0%) died (10 pts. (12,7%) suddenly), 24 pts. (1,2%) had a stroke and 18 pts. (0,9%) a major bleeding. The recurrency rate was 28,0% (541 pts.).

**Conclusions:** Acute and long-term results show that catheter ablation of atrial flutter is highly effective with a very low complication rate. Success rate is not influenced by the underlying heart disease or the clinical status.